



DATE OF APPLICATION 23 Oct 2018

WORK PERMIT NUMBER

0 94452716

HELPER NAME MAY THIN KHAING

# To be signed by the various parties and uploaded as part of the issuance process



TYPE OF APPLICATION STANDARD APPLICATION

# Part I. Helper and employment

#### About the helper

MAY THIN KHAING Full name Date of birth 11 Oct 1984 FIN G8722426R Birth place Myanmar

Work permit number 0 94452716 Religion Buddhist Passport number MD530597 Ethnic group Burmese

Passport expiry date 23 Aug 2023 8 years of formal education? Yes

Immigration pass Current Workpass Holder Highest education level Secondary without spm Nationality Myanmar or gce o level

Marital status Married Gender Female Monthly salary \$450

Rest days per month 0 Fee paid to Employment 450 Agency by the helper

# About the helper's spouse

# About the employment

Name

Residential status Not a Singapore Citizen or

Permanent Resident

Employer's name

SIEW KOK WAI

Place of employment **BISHAN CRESTA** 

163 BISHAN STREET 13 #10-160 Singapore 570163





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# Part I. Declaration by foreign domestic worker

I declare that:

- 1. I have read and understood the conditions of work permit, which are set out in the Employment of Foreign Manpower (Work Passes) Regulations
- 2. I have had at least eight years of formal education and have the certificates to prove this. (This does not apply to you if you have been employed as a foreign domestic worker or confinement nanny in Singapore before.) 3. I have never been convicted of a criminal offence in any country or state.
- 4. For the purpose of assessing this application, I consent for the Government of Singapore and its statutory authorities to obtain from and verify information with any person, organisation or any other source, and to disclose such information to its authorised agents. For the purpose of my employment, I also consent for the Government of Singapore and its statutory authorities to display my employment information on the MOM's work pass systems, and to disclose such information to any relevant person or organisation.
- 5. I understand I have the option to set up a POSB bank account to receive my salary and get a free Centre for Domestic Employees (CDE) membership. If I choose to set up my POSB bank account and CDE membership, I confirm that I:
  - a. Have given my employer my written consent to submit my bank account application and any declarations to POSB
  - b. Have provided true and correct information to my employer for the bank account application
  - c. Allow the Ministry of Manpower to send my personal details to POSB and CDE
  - d. Allow CDE to use and store my personal details and contact me about my membership and participation in activities
- 6. I consent to the Ministry of Manpower displaying my work pass details when my work pass card is scanned using the Ministry of Manpower's
- 7. All the documents that have been submitted on my behalf in support of this Application for a Work Permit are true copies of the authentic

Name of worker Work permit number of worker MAY THIN KHAING 0 94452716 Signature of worker Date (DD-MM-YYYY) 0 7 NOV 2018 8LOZ7 NOGN L2018





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HELPER NAME MAY THIN KHAING

CURRENT EMPLOYER NAME

SARAH LIM SU YU

CONSENT GIVEN FOR TRANSFER

Yes

## Part II. Prospective employer

## About the employer

# About the employer's spouse

Full name SIEW KOK WAI

Male

Gender Date of birth

NRIC

14 Jan 1970

Nationality

Singapore citizen

Residential status

Singapore citizen S7000844J

Marital status

Married

Housing type

HDB 5 rooms

Full name

TAN SIEW LIAN LILIAN

Gender Date of birth

Female 28 Dec 1970

Nationality

Singapore citizen

Residential status

Singapore citizen

NRIC

S7046891C

#### Income details

Income used for application Employer's income

Monthly income range Income proof

**IRAS** 

Tax reference number

\$8,000 - \$9,999

S7000844J

### Contact details

Mobile number

+65 96486810

Email

siew163@gmail.com

Residential address

**BISHAN CRESTA** 163 BISHAN STREET 13

#10-160

Singapore 570163

# Employer's household details

Number of family members in the household (excluding employer and spouse):  ${\bf 2}$ 

Full name	ID number	ID type	Data of Lin	
CIENA TIA M		ть турс	Date of birth	Relationship
SIEW JIA YI	T1031095J	Nric	23 Oct 2010	Daughter
SIEW JIA RU	T0727583D	Neio		Daagnier
	.01213030	Nric	19 Sep 2007	Daughter





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## Part II. Declaration by employer

I declare that:

- 1. I do not have any medical condition(s) that will impair my ability to supervise and ensure the well-being of my foreign domestic worker.
- 2. I have read and understood the applicable conditions and regulatory conditions of work permit set out in the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR"), available at www.mom.gov.sg.
- 3. In order for MOM to assess my application, I consent to the Government of Singapore and statutory authorities to getting from and verifying information with any person, organisation or any other source. Further, I consent to the information obtained in this process to be released to the Government of Singapore, its statutory authorities and their authorised agents.
- 4. To the best of my knowledge, the foreign domestic worker (if she has not worked as a foreign domestic worker or confinement nanny in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
- 5. I understand my foreign domestic worker has the option to set up a POSB bank account to receive her salary. If she chooses to set up her POSB
  - a. Have obtained her written consent to submit her bank account application and any declarations to POSB
  - b. Have checked with her on the accuracy of her details for the bank account application
  - c. Allow the Ministry of Manpower to send my personal details and contact information to POSB
- 6. I have obtained written consent from the foreign domestic worker to perform this transaction. I will produce this consent when requested by the
- 7. I consent to the Ministry of Manpower displaying work pass details when the foreign domestic worker's work pass card is scanned using the
- 8. I am not related to the foreign domestic worker.
- 9. I have ensured that the foreign domestic worker fully understands the contents of PART I and that it was signed by the foreign domestic worker.
- 10. The information in this application and any appeals I have made in relation to this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application and any appeals made in relation to the application, are true copies of the
- 11. I am aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the Employment of Foreign Manpower Act (Chapter 91A) ("EFMA") and EFMR which includes the following:
  - a. Pay her salary promptly
  - b. Pay for her upkeep and maintenance, including medical treatment
  - c. Provide acceptable accommodation for her
  - d. Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home e. Take her to the Controller of Work Passes when required by MOM

  - f. Inform the Controller of Work Passes in writing within seven days when her employment ends by cancelling her work permit
  - g. Arrange and pay for her passage home, after giving her reasonable notice and paying her outstanding salary
- 12. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR. Such steps shall include reporting to the Controller of Work Passes if I know that she is non-compliant.
- 13. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond in the sum of \$5,000 which I have furnished to the Controller of Work Passes may be forfeited fully or in part. I also understand if there is only partial forfeiture, the Government of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
- 14. I also understand that if I breach any of my obligations as an employer of a foreign domestic worker, other enforcement actions may be taken against me in addition to my Security Bond being forfeited fully or in part.

Name of employer

SIEW KOK WAI

NRIC/FIN

S7000844J

Signature of employer

Date (DD-MM-YYYY)

0.7 NOV 2018

Date:			
To: Work Permit Department Minstry Of Manpower			
18 Havelock Road Singapore 059764			
Dear Sir / Madam			
CONSENT TO TRANSFER FO	OREIGN DOMESTIC WORKER		
FOREIGN DOMESTIC WORKER	MAY THIN KHAING		
WORK PERMIT	0 9445 2716		
DATE OF APPLICATION	23 oct 2018		
I, SARAH LIM SU YU	of NRIC / Passport No <u>S</u> 8318763 H		
(Name of Current Employer)			
	nestic Worker named above to the prospective employer		
Srew Lok Was  (Name of Prospective Employer)			
	cation, I undertake all responsibilities for the employment ker and will extend her work permit ( if necessary ).		
If the application is not approved,	I will repatriate this worker.		

χ.

Signature of Current Employer





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HELPER NAME
MAY THIN KHAING

# Part IV. Employment Agency

# About the Employment Agency

Name

UNITED CHANNEL

EMPLOYMENT AGENCY

PTE. LT

Licence no.

07C4306

Telephone

+65 63448807

Address

# Part IV. Declaration by Employment Agency

This declaration must be completed by the Employment Agency or intermediary who is making the application on behalf of the employer.

I declare that:

1. I am the Employment Agency personnel handling this application.

 To the best of my knowledge, the foreign domestic worker (if she has not worked as a foreign domestic worker or confinement nanny in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.

3. I have obtained written consent from the employer and foreign domestic worker to perform this transaction. I will produce this consent when requested by the authority.

4. I have explained the contents of the application and the applicable conditions and regulatory conditions of this work permit, as set out in the Employment of Foreign Manpower (Work Passes) Regulations c 91A, to the foreign employee and the employer.

5. The information in this application and any appeals I have made in relation to this application are, to the best of my knowledge, true and correct; authentic documents submitted in support of this application and any appeals made in relation to the application, are true copies of the

Name of Employment Agency personnel

Nang May Oo R1100634

Signature of Employment Agency personnel

May May do

Employment Agency personnel number

Nang May Oo R1100634

Date (DD-MM-YYYY) 0 7 NOV 2018